DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I he My residence, post office address		as stated help	our news to mit no		· ·	
I believe I am the original, first plural names are listed below) of METHOD FOR REACTIV	and sole inventor (if the subject matter wh	only one nam	e is listed below) I and for which a	or an origi	ught on the inv	ention entitled
THETHOD FOR REACTIV	ATING CATALYS		pecification of wh		REPARATIO	<u> </u>
(check one) \overline{\omega} is att	ached hereto	was fi		itioit.	as	••
			ation Serial No.		as an	4
	•		nended on			.
		443 411	icided oil	(if	applicable)	•
I hereby state that I have review amended by any amendment red I acknowledge the duty to discle	ferred to above.			tified specific	cation, including	the claims, as
I hereby claim foreign priority inventor's certificate, or §365(a) United States, listed below and	benefits under 35 U.) of any PCT interna	S.C. §119(a)- tional applica	(d) or §365(b) o tion which desig	of any foreignated at lea	n application(s) st one country	other than the
international application having						incate, or PCI
Prior Foreign Applicati				Priority C	Claimed	
2000=294653	<u>Japan</u>		09/2000	· Ø 🗆		
(NUMBER)	(COUNTRY)	r (FILEI	DMMY)	YES NO	,	
(NUMBER)	(COUNTRY)	(FILE	D/M/Y)	YES NO		
I hereby claim the benefit unde				al applicatio	on(s) listed belo	w.
(APPLICATION NUMBER) (FILING	DATE)				
(APPLICATION NUMBER) (FILING	DATE)				
I hereby claim the benefit und application designating the Unit is not disclosed in the prior Un 35 U.S.C. §112, I acknowledge which became available between application:	ted States, listed below lited States or PCT in the duty to disclose i	v and, insofar iternational a information w	as the subject ma pplication in the hich is material t	atter of each manner pro to patentabi	of the claims of ovided by the fir lity as defined in	this application st paragraph of 1 37 CFR §1.56
(APPLICATION SERIAL N	(FILI	NG DATE)	(\$	TATUS)		
(APPLICATION SERIAL)	(FIL	NG DATE)	(S	STATUS)	· · · · · · · · · · · · · · · · · · ·	
POWER OF ATTORNEY: As application and transact all but Leonard W. Sherman Edwin A. Shalloway Richard A. Steinberg	s a named inventor, I siness in the Patent a Reg. No. 19,636 Reg. No. 19,967 Reg. No. 26,588	I hereby appo nd Trademar	oint the followin k Office connect Alan Holler Karl Hoback Robert L. Hai	ted therewit R R	and/or agents t h: leg. No. 29,266 leg. No. 23,026 leg. No. 35,533	prosecute this
Perry Carvellas	Reg. No. 19,637					
SEND CORRESPONDENCE	TO:		DIRECT TEL	EPHONE C	ALLS TO:	
SHERMAN & SHALLOWA 413 North Washington Street Alexandria, Virginia 22314			(703)	549-2282		·

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

full name of sole or	Hiroto	<u>.</u>	KASUGA				
irst inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME				
nventor's signature	· · · · · · · · · · · · · · · · · · ·	1-1010	Kasya				
Date of signature	September 14, 2001						
Residence	Himeji-shi	Hyogo-ken ·	Japan				
	CITY	STATE OR PROVINCE	COUNTRY				
Citizenship		Japan					
Post Office Address	3-2-1-305, Aoyamaminami, Himeji-shi, Hyogo-ken, Japan						
(insert complete mailing address, including country)							
Full name of	Eiichi	<u>.</u>	SHIRAISHI				
second inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME				
Inventor's signature		Giichi S	Thirais M				
Date of signature	September 14, 2001						
Residence	Himeji-shi	Hyogo-ken	Japan				
	CITY	STATE OR PROVINCE	COUNTRY				
Citizenship		Japan					
Post Office Address	3-78-9, Haya	se-cho, Hirohata-ku	ı, Himeji-shi,				
(Insert complete mailing address, including country)	Hyogo-ken, J	apan					
•			•				
Full name of third inventor	GIVEN NAME	MIDDLE NAME	FAMILY NAME				
Inventor's signature							
Date of signature	·	.					
Residence	· · · · · · · · · · · · · · · · · · ·						
	CITY	STATE OR PROVINCE	COUNTRY				
Citizenship		<u> </u>					
Post Office Address							
(insert complete mailing address, including country)	, 						

ADDITIONAL INVENTORS ARE BEING NAMED ON SEPARATELY NUMBERED SHEETS ATTACHED HERETO